



د- مشتاق وتوت

PUD

Management

**the aim of management are to:*

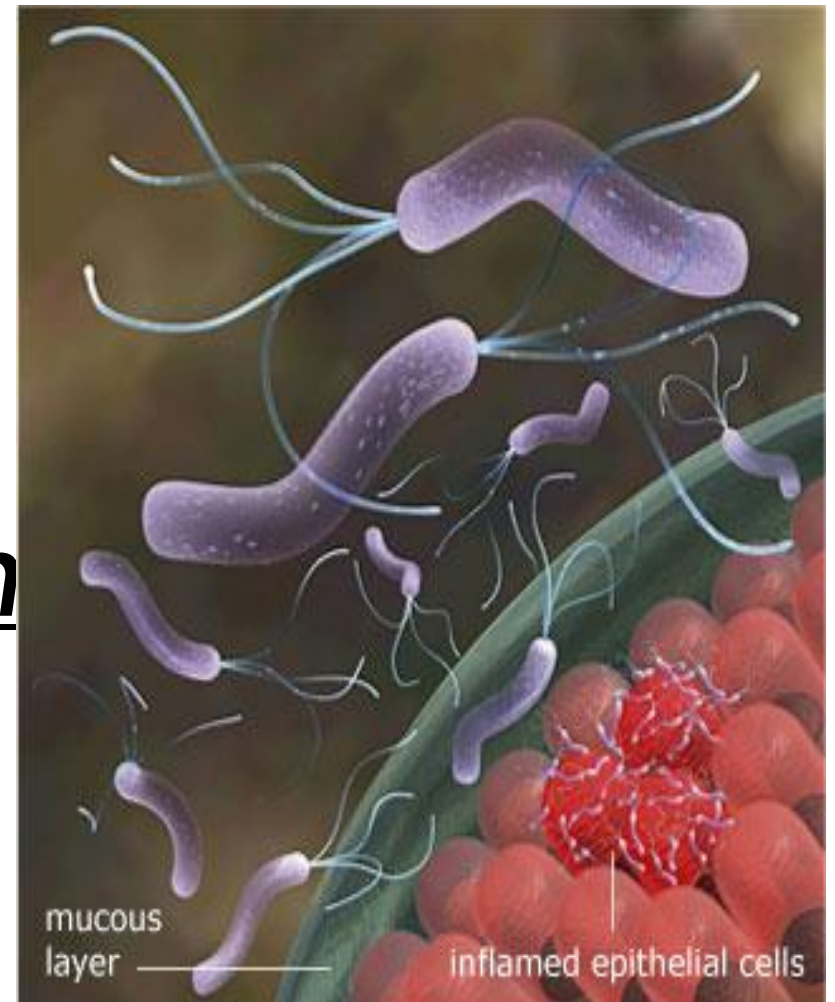
1- relieve symptoms

2- induce healing

3- prevent recurrence

*the cornerstone of mx is

H pylori eradication



H pylori eradication



*indications: –

1- definite: PU, HP +ve dyspepsia, MALToma –

2- not indicated: GERD, asymptomatic –

3- uncertain: family hx of gastric cancer, –

Non-ulcer dyspepsia, long term NSAID users –

*types of therapy : –

1- primary: for all patients with proven acute or –
chronic DU & those with GU who are HP +ve
should be offered as primary therapy.



2- second line therapy: should be offered to –
those who remain infected after initial
therapy .

3- third line treatment: used for those who –
are still colonized after two treatments so –
either treated with quadruple therapy –
(bismuth, PPI, & 2 AB) OR

Long term maintenance therapy with acid –
suppression

Treatment consist of:

Medical treatment: –

() PPI with 2 AB (amoxicillin, clarithromycin & –
metronidazole)

() duration: 7 days –

() success rate : 90 % –

() side effects: –

*diarrhea –

*30-50% pseudo membrasnous colitis –

*flushing & vomiting –

*nausea –

*abdominal cramp –

*headache –

*rash –



@PPI: Directly inhibit acid secretion by –
the parietal cell.

@ Bismuth subcitrate: ◦
Coats ulcer at low pH, thus promoting h
Causes black tongue -
Must be taken at least half an hour before
Assists H Pylori eradication -

@sucrulfate -

Forms a protective barrier at ulcer site -
Few adverse effects: constipation, headache -
Avoid in renal impairment -
Taken 1 hr before meals, avoid with other drugs -



Misoprostol –

PGE analogue -

Protects GI mucosa -

Used for PUD and prophylaxis against NSAID
induced ulcers -

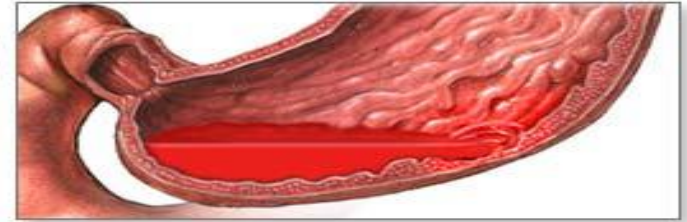
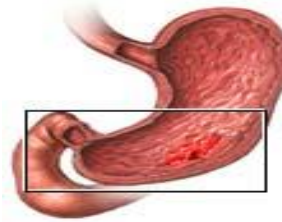
AVOID in PREGNANCY -

Appears safe in lactation -

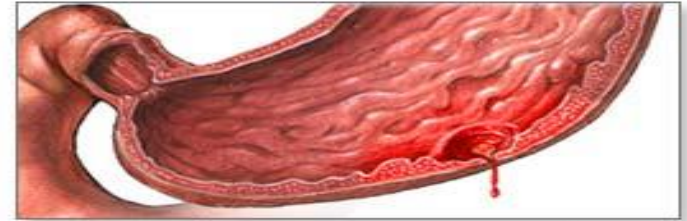


- () general measures: should avoid
 - Smoking, aspirin & NSAID –
 - Alcohol in moderation is not harmful??? –
 - No special dietary advice is required ???????? –
- () Patients who are taking (NSAIDs) may also be prescribed a prostaglandin analogue (Misoprostol) in order to help prevent peptic ulcers –
- () surgical treatment: –
 - *elective surgery for PUD is rare. –
 - *partial gastrectomy with Billroth I & II anastomosis or vagotomy –





Peptic ulcers may lead to bleeding or perforation, emergency situations



ADAM.

* indications: —
 () emergency: perforation
 hemorrhage —

() elective: either complications (gastric outflow —
 obstruction) or recurrent ulcer following gastric
 surgery.

* complications of gastric resection or vagotomy: —

1- dumping: rapid gastric emptying leads to —
 distension of the proximal small intestine as the
 hypertonic contents draw fluid into lumen, this will
 lead to abd discomfort & diarrhea after eating .

So the patients should avoid large meals with high —
 CHO

—



2- bile reflux gastritis: may lead to chronic gastritis , its usually asymptomatic. —

Symptomatic treatment with aluminium containing antacid or sucralfate. —

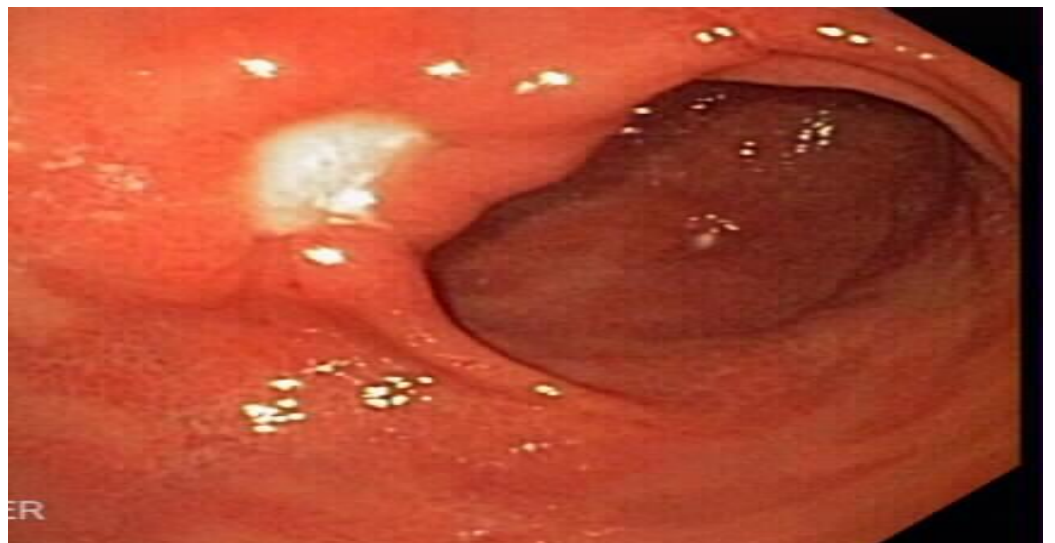
Afew pt may require revisional surgery. —

3- diarrhea & maldigestion: usually develop 1-2 hr after eating. —

diarrhea often response to dietary advice to eat small, dry meals with reduced intake of refined CHO, antidiarrheal drugs may needed —

—

- 4- wt loss: occur in most pt, because –
of small gastric remnant, diarrhea
- 5- anemia: IDA, folic acid & B12 –
deficiency
- 6- metabolic bone disease: both –
osteoprosis & osteomalacia can
occur as a consequence of ca & vit D
malabsorption.
- 7- gastric cancer



Complications of PUD

1- perforation: —

() more common in duodenal ulcer —

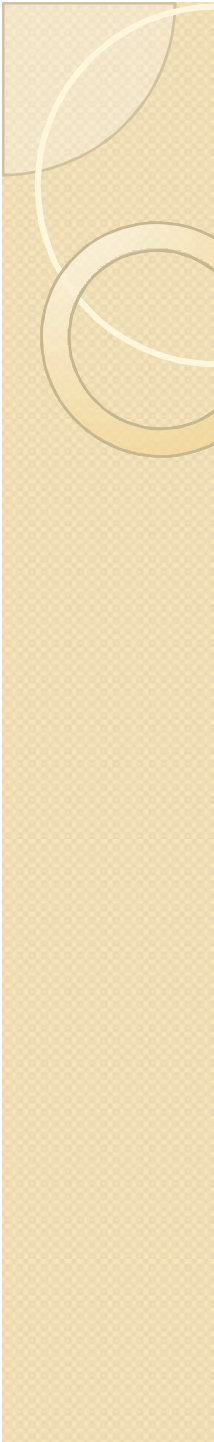
() mostly on the ant wall —

() 1/4 of perforation occur in acute ulcer or NSAID —

() may be the 1st sign of ulcer, lead to peritonitis, absent bowel sounds. —

() CXR : erect show free air under the diaphragm. —

() MR 25%. —

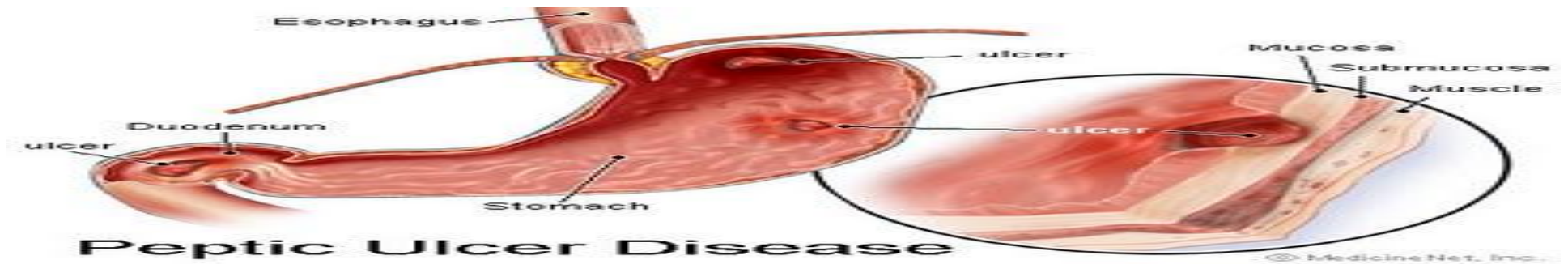
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- 2- gastric outlet obstruction: —
- () pyloric stenosis from fibrotic — stricture.
 - () odema from DU —
 - ()ca of antrum —
 - ()adult hypertrophic pyloric stenosis. —
- 3- bleeding. —

Prevention

**Primary prevention of NSAID-induced ulcers includes the following: —

- 1- Avoid unnecessary use of NSAIDs. ◦
- 2- Use acetaminophen when possible. ◦
- 3- Use the lowest effective dose of an NSAID and switch to less toxic NSAIDs, such as the newer NSAIDs or cyclooxygenase-2 (COX-2) inhibitors, ◦



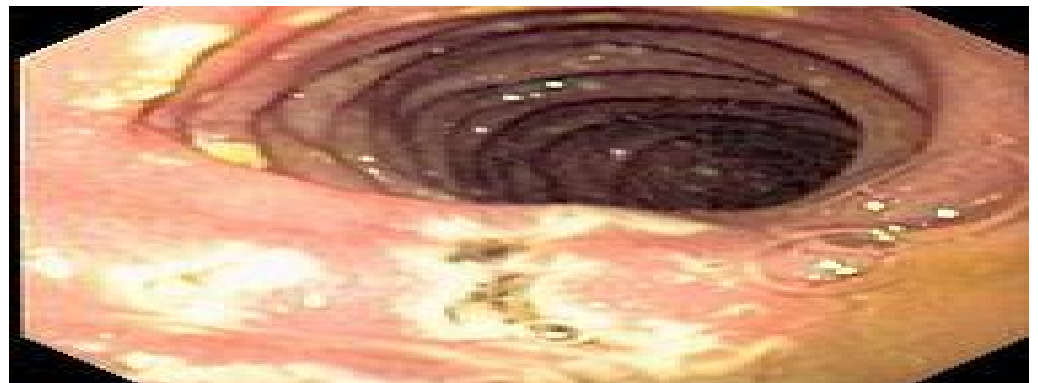


Consider prophylactic or preventive therapy for the following patients: —

- 1- Patients with NSAID-induced ulcers who require chronic, daily NSAID therapy ◦
- 2- Patients older than 60 years ◦
- 3- Patients with a history of PUD or a complication such as gastrointestinal bleeding ◦
- 4- Patients taking concomitant steroids or anticoagulants or patients with significant comorbid medical illnesses ◦

Zollinger-Ellison syndrome

- () this is rare disorder characterised by the triad of: –
 - *severe peptic ulceration –
 - *gastric acid hypersecretion –
 - *non-beta cell islet tumor of pancreas(gastrinoma) –
- ()0.1% of DU mostly (30-50 years) –
- ()presented with severe, multiple, unusual sites –
- ()treated with large doses of PPI 60-80 mg dially & –
some times octreotide.



Non-ulcer dyspepsia

() define as chronic dyspepsia in the absence —

Of organic disease —

()pt are usually young(<40 years), —
women are affected twice the men

()abdominal pain, nausea, bloating —
after meals, morning symptoms are
characterestic

()endoscopy necessary in elderly to —
exclude malignancy.

—

- () drug treatment is not especially successful –
- () antacids are sometimes helpful –
- () metoclopramide, or domperidone may be –
given before meal if nausea, vomiting is
present
- () H₂ receptors antagonist –
- () low dose of amitriptyline –
- () HP eradication remain controversial –

gastroparesis



()defective gastric emptying without –
mechanical obstruction of the stomach or
duodenum

()either primary due to inherited diseases or –
secondary due to diabetic neuropathy, systemic
sclerosis, myotonic dystrophies , amyloidosis,
drugs

()early satiety, recurrent vomiting, abd fullness –
& a succssion splash.

()Rx by small, frequent low fat meals, –
metocloprimide, surgical insertion of gastric
pacing device .



**Happiness is not having
what you want
but wanting what you have.**